

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000622

STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 16

FILED JAN 9 1962

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.			
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau				Length of stay in 1b 30 yrs.		c. CITY OR TOWN Cape Girardeau	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 521 Second St.	
3. NAME OF DECEASED (Type or print) First Nora Middle O'Neal Last Jordan				4. DATE OF DEATH Month January Day 2 Year 1962			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-17-1888	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) America, Ill.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME George Chumbley		13b. MOTHER'S MAIDEN NAME Martha ?		14. NAME OF HUSBAND OR WIFE Charles M. Jordan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				17. INFORMANT Address V. Karmann Cape Gir., Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure DUE TO (b) Complete heart block DUE TO (c) Cordis vascular renal syndrome Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute gastroenteritis & vomiting & senility						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Aug 14, 1956 to Jan 2, 1962 and last saw her alive on Jan 2, 1962 Death occurred at 9:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George W. England DO.				22b. ADDRESS 46 N Main Cape Girardeau, Mo.		22c. DATE SIGNED 1/5/62	
23a. BURIAL, REMOVAL, (Specify) Burial		23b. DATE 1-5-1962		23c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery		23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo.				25. DATE RECD. BY LOCAL REG. 1-6-62		26. REGISTRAR'S SIGNATURE Drew Kasten	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

JAN 16 1962

0-9 10-19 20-29

and Ringland

Letter will still get there.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embelmer _____

Signed W. J. Ford

Licensed Embalmer No. 5087

P. O. Address Cape Girardeau, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.